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Complete if Known ute for form 1449A/B/PTO Application Number 10/688403 **INFORMATION DISCLOSURE** October 15, 2003 Filing Date STATEMENT BY APPLICANT Lovell, Michel K. First Named Inventor Art Unit Not Yet Assigned (Use as many sheets as necessary) Not Yet Assigned **Examiner Name** Sheet of FCW-006 Attorney Docket Number

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear			
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NON PATENT LITERATURE DOCUMENTS							
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²				
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